## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number 9/404932

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I		ENTITY	<b>0D</b>	OTHER THAN SMALL ENTITY	
FOR			(Column 1) NUMBER FILED			NUMBER EXTRA		_		OR		
FUR		1	OIVIDLI	TITLED	HOMBER		RAT	ב י	FEE		RATE	FEE
BASIC FEE							:		380.00	OR		760.00
TOTAL CLAIMS			25 minus 20= * 5				X\$ 9	=		OR	X\$18=	90
INDEPENDENT CLAIMS 2 minus 3 =					3 =  *		X39	=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT					·	+130	<u> </u> =	,	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTA	۱L.		OR	TOTAL	850		
CLAIMS AS AMENDED - PART II						OTHER THAN						
		(Colum CLAIN			(Column 2) HIGHEST	(Column 3)	SMA			OR	SMALL	
<b>AMENDMENT A</b>		REMAIN AFTE AMENDA	NING R		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*		Minus	**	=	X\$ 9	=		OR	X\$18=	
ME	Independent	* = = =	1	Minus	***	= .	X39	-		OR	X78=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEI	PENDENT CLAIM		+130	=		OR	+260=	
		•	•	•	•	•	TO ADDIT. F			OR	TOTAL ADDIT, FEE	
į .							A   11   11   F				AIN#   FFF	
ı		(Colum	n 1)	i	(Column 2)	(Column 3)	70011.1			•		
L		(Colum	MS	,	(Column 2) HIGHEST	(Column 3)	, , , , , , , , , , , , , , , , , , ,		ADDI-			ADDI-
ENT B			MS NING ER			(Column 3) PRESENT EXTRA	RATI		ADDI- TIONAL FEE	, .	RATE	ADDI- TIONAL FEE
NDMENT B	Total	CLAIN REMAIN AFTE	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY	PRESENT		Ε	TIONAL	OR		TIONAL
MENDMENT B	Independent	CLAIN REMAIN AFTE AMENDN	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E =	TIONAL	OR	RATE	TIONAL
AMENDMENT B	Independent	CLAIN REMAIN AFTE AMENDN	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9	=	TIONAL	OR OR	RATE X\$18= X78=	TIONAL FEE
AMENDMENT B	Independent	CLAIN REMAIN AFTE AMENDN	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9 X39:	=	TIONAL	OR	RATE  X\$18=  X78=  +260=	TIONAL FEE
AMENDMENT B	Independent	CLAIN REMAIN AFTE AMENDN	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9 X39:	= = TAL	TIONAL	OR OR	RATE X\$18= X78=	TIONAL FEE
AMENDMENT B	Independent	CLAIN REMAIN AFTE AMENDN	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  PENDENT CLAIM  (Column 2)	PRESENT EXTRA	X\$ 9 X39: +130	= = TAL	TIONAL	OR OR	RATE  X\$18=  X78=  +260=  TOTAL	TIONAL FEE
	Independent	CLAIN REMAIN AFTE AMENDI * *	MS NING ER MENT OF MU	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  PENDENT CLAIM	PRESENT EXTRA	X\$ 9 X39: +130	= =  -   TAL   EE	TIONAL	OR OR	RATE  X\$18=  X78=  +260=  TOTAL	TIONAL FEE
	Independent	CLAIN REMAIN AFTE AMENDI  *  *  COlum CLAIN REMAIN AFTE	MS NING ER MENT  OF MU  OF MU  MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  ***  PENDENT CLAIM  (Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA  =  (Column 3)  PRESENT	X\$ 9  X39: +130  TO ADDIT. F	= = = FAL	ADDI- TIONAL	OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI-TIONAL
	Independent FIRST PRESE  Total Independent	CLAIN REMAIN AFTE AMENDI  *  *  COlum CLAIN REMAIN AFTE AMENDI  *	MS VING ER MENT  OF MU  MS VING ER MENT	Minus  JLTIPLE DE  Minus  Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =	X\$ 9 X39: +130 TO ADDIT. F	= =   	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI-TIONAL
AMENDMENT C AMENDMENT B	Independent FIRST PRESE  Total Independent	CLAIN REMAIN AFTE AMENDI  *  *  COlum CLAIN REMAIN AFTE AMENDI  *	MS VING ER MENT  OF MU  MS VING ER MENT	Minus  JLTIPLE DE  Minus  Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =	X\$ 9  X39: +130  TO ADDIT. F  RATI  X\$ 9  X39:	= = = = = = = = = = = = = = = = = = =	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI-TIONAL
AMENDMENT C	Independent FIRST PRESE  Total Independent FIRST PRESE	CLAIN REMAIN AFTE AMENDI  *  * COlum CLAIN REMAIN AFTE AMENDI  *  * ENTATION	MS NING ER MENT  OF MU  OF MU  OF MU	Minus  Minus  Minus  Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =	X\$ 9 X39: +130 TO ADDIT. F	= = = = = = = = = = = = = = = = = = =	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=	ADDI-TIONAL

## It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _	9/404932
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## Total Fee Calculation

	romi ree Calculation							
	Fee Code	Total # Claims	Number Extra	×	Fce	Fee	=	Τ.
	Sæ∕Lg.				Sm. Eatity	Lg. Eatit	,	
Basic Filing Fee	201/101					760	_	
Total Claims >20	203/103	<u>25</u> -20	<u> 5</u>	x		90	<b>78</b>	
Ladepeadeat Claims >3	202/102	2 .,		х	<del></del>		_	
Mult Dep Claim Presen	204/104		<del></del>				_	
Smcpn3:	205/105	•	•		<del></del>	130	_	
Eaglish Translation	139					170		. —
TOTAL FEE CALCUT	MOTTA.					٠.		91
Fees due upon filing	the application	<b>1</b> :						
Total Filing Fees Du	c = '	980						
Less Filing Fees Sub	mitted - S _	Ø			· ·			
BALANCE DUE	= \$ _	980	)		·			
	1							
Office of Initial Pater	<del>`.</del>				_			